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Substitute for form 1449/PTO				<b>Complete If Known</b> Application Number 10/781,142 Filing Date February 18, 2004 First Named Inventor Stephanos Kyranides Art Unit 1632 Examiner Name Hama, Joanne Attorney Docket Number 24376.31.8401	
<b>INVENTOR DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>					
Sheet	1	of	1		

[illegible]

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.